

<b>MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET</b> (FOR USE WITH FORM PTO-875)							SERIAL NO.	FILING DATE	
							APPLICANT(S)		
<b>CLAIMS</b>									
AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		*		*	
IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.		TOTAL DEP.		TOTAL CLAIMS		TOTAL IND.		TOTAL DEP.	

\* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS

FORM PTO-1380 (REV. 3-78)

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